

History of the Comprehensive Clinical Evaluation Program (CCEP) and Transition to the Post-Deployment Health Clinical Practice Guideline (PDH-CPG)

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Development of CCEP

To address Gulf War veteran's concerns about the potential health effects of service in Operation Desert Shield/Desert Storm, the Assistant Secretary of Defense for Health Affairs announced a three point program on 11 May 1994. The plan included:

- 1) Development of an aggressive, comprehensive, clinical diagnostic program to offer intensive examinations to veterans who did not have clearly defined diagnoses
- 2) Initial independent review of the Department of Defense (DoD) clinical and research efforts concerning the Persian Gulf War and,
- 3) Creation of a forum of national medical and public health experts to review, comment, and advise DoD on the results of the clinical evaluation program.

In June 1994, the DoD instituted the Comprehensive Clinical Evaluation Program (CCEP) to provide a thorough systematic clinical evaluation program at military treatment facilities in the US and overseas for the diagnosis and treatment of active-duty military personnel who had medical complaints they believed could have been related to their service in the Persian Gulf. The CCEP was a continuation of DoD medical care of active duty Gulf War veterans and screening for unusual illnesses but provided a more systematic evaluation strategy based on the Department of Veterans Affairs (VA) Persian Gulf War Registry Health Examination Program (PGR). The VA Program was authorized in November 1992 by the "Persian Gulf War Veterans Health Status Act" (Public Law 102-585) and was patterned after the VA's Agent Orange registry. In 1994, the DoD and VA met and revised the original Persian Gulf Registry clinical protocol and implemented this revised approach which was called the CCEP by the DoD and the Persian Gulf Registry and Uniform Case Assessment Protocol (now called the GWR Examination) by the VA.

The CCEP was designed to: (1) strengthen the coordination between the DoD and the VA; (2) streamline patient access to medical care; (3) make clinical diagnoses in order to treat patients; (4) provide a standardized, staged evaluation and treatment program; and (5) assess possible Gulf War-related conditions. It was designated for DoD beneficiaries (Persian Gulf War veterans who are on active duty or retired; Reserve/National Guard personnel on full-time active duty or who have been placed on special orders by their unit; eligible family members of such personnel; and DoD civilian employees).

Structure of CCEP

The CCEP was organized into three phases. All CCEP participants were provided a Phase I examination which consisted of a medical history, physical examination, and certain specified laboratory tests. These were comparable in scope and thoroughness to an evaluation conducted during an inpatient internal medicine hospital admission. All CCEP participants were evaluated by

a primary care physician at their local medical treatment facility and received specialty consultations if deemed appropriate by their primary care physician. Evaluation at this phase included a survey for nonspecific patient symptoms, including fatigue, joint pain, diarrhea, difficulty concentrating, memory and sleep disturbances, and rashes.

For CCEP participants without current medical problems or who had health problems that could be satisfactorily dealt with after the Phase I evaluation, no additional evaluation was conducted. If the primary care physician determined it was clinically indicated, he or she referred patients to Phase II for further specialty consultations. Phase II evaluations were conducted at a Regional Medical Center and consisted of targeted, symptom-specific examinations, laboratory tests, and consultations. The Phase II CCEP Examination was comparable to the VA's PGR Uniform Cases Assessment Protocol. During this phase, potential causes of unexplained illnesses were assessed, including infectious agents, environmental exposures, social/psychological factors, and vaccines and other protective agents. Both Phase I and Phase II were intended to be thorough for each individual patient and to be consistent among patients.

Every medical treatment facility had a designated CCEP physician coordinator who was a board-certified family practitioner or internal medicine specialist. The coordinator was responsible for overseeing both the comprehensiveness and quality of Phase I exams. At Regional Medical Centers, CCEP activities were coordinated by board-certified internal medicine specialists who also provided oversight of the program operations at the medical treatment facilities in their region.

CCEP patient information was transmitted on a weekly basis by the Regional Medical Centers to the Navy Medical Information Management Center (NMIMC), Bethesda, MD, where the data was collected and analyzed.

Enrollment in the CCEP was initiated by veterans either calling a toll-free telephone number or by contacting the nearest military medical treatment facility. The Persian Gulf Veterans' Hotline began operation on 23 June 1994. Veterans not eligible for the CCEP were referred to the VA's Persian Gulf War Registry Health Examination Program.

In March 1995, the DoD established the Gulf War Health Center at Walter Reed Army Medical Center to provide additional evaluation, treatment, and rehabilitation for patients who were suffering from chronic debilitating symptoms. The Center developed the Specialized Care Program, which was considered to be Phase III of the CCEP. A small select group of patients were referred from regional medical centers to the Specialized Care Program for an intensive 3-week evaluation and treatment program designed to improve their health status.

Evaluation of CCEP

As part of the plan to address concerns for the medical problems of Persian Gulf Veterans, the DoD and VA asked the Institute of Medicine (IOM), National Academy of Sciences to assemble a panel of experts in Epidemiology, Occupational Medicine, Internal Medicine, Infectious Diseases, Psychiatry/Psychology, Community Mental Health, and Allergy/Immunology to review the findings of the CCEP and the VA's PGR and make recommendations.

In their program reviews, the IOM endorsed the systematic, comprehensive set of clinical practice guidelines (CPGs) that were developed for the CCEP and the PGR programs. In their report, [Adequacy of the Comprehensive Clinical Evaluation Program: A Focused Assessment, 1997](#), the IOM Committee concluded, "The CCEP is a comprehensive effort to address the clinical needs of the thousands of active duty personnel who served in the Gulf War". The CCEP and PGR have assisted clinicians in determining specific diagnoses for thousands of patients. However, the IOM emphasized the need to focus evaluation and care of deployed forces at the primary care-level,

both to enhance the continuity of care and foster the establishment of ongoing therapeutic relationships. In the report, [Adequacy of the VA Persian Gulf Registry and Uniform Case Assessment Protocol, 1998](#), the IOM further recommended "...to the extent possible, use an evidence-based approach to develop and continuously reevaluate clinical practice guidelines for the most common presenting symptoms and the difficult-to-diagnose, ill-defined, or medically unexplained conditions..." . Since research studies indicate a high prevalence of psychosocial problems among deployed forces, the IOM recommended that standardized guidelines address the need for screening, assessing, evaluating, and treating this population. The IOM clearly stated that "the goal of implementing a uniform approach to the diagnosis of ... veterans' health problems is admirable and should be encouraged". Rather than naming a special deployment-specific registry, the IOM concluded that veterans should receive evaluation and care as needed, with evaluation, follow-up, and patient management focused in the primary care setting. The IOM recommendations were based on research findings, lessons learned through the CCEP and VA implementation, and advances made in the field of clinical practice evaluation. Additional information on the evaluation and results of the CCEP can be found on the [DeployMed ResearchLINK Evaluations of CCEP](#).

In September 1999, the Secretary of Defense for Health Affairs announced that she had convened a workgroup with representatives from each Service to restructure the CCEP and to implement a deployment health clinical program. [Health Affairs Policy 99-028](#) dated 30 September 1999 established three DoD Centers for Deployment Health (Clinical, Research, and Medical Surveillance). The Gulf War Health Center at Walter Reed Army Medical Center was converted to the [DoD Deployment Health Clinical Center](#).

Development of Post-Deployment Health Clinical Practice Guideline (PDH-CPG)

The [DoD/VA Post-Deployment Health Evaluation and Management Clinical Practice Guideline](#) was developed in response to the IOM's recommendation for the development of a clinical practice guideline as the central part of bringing quality improvements to post-deployment healthcare in the federal healthcare system. Begun in 1999, the Guideline represents a two-year multidisciplinary effort involving experts from the VA, Navy, Air Force, Army, DoD Health Affairs, and civilian experts. Specialty experts included family practitioners, internists, toxicologists, epidemiologists, clergy, psychiatrists, social workers, nurses, risk communications specialists. Health care providers at Ft. Bragg Family Practice Clinic; Camp LeJeune Primary Care Clinic and Battalion Aid Station; and McGuire Air Force Base Flight Medicine Center were part of a Guideline demonstration project.

The PDH-CPG was developed to assist primary care clinicians in evaluating and managing individuals seeking care for potentially deployment-related health concerns and conditions. The Guideline applies to both individuals who have deployed as well as non-deployed individuals who are experiencing health concerns which they consider related to a deployment: e.g., family members of personnel who have deployed. The Guideline uses an algorithm-based stepped care approach which emphasizes clinical risk communication and longitudinal follow-up.

As the first step in initiating use of the Guideline, the military unique vital sign question "Is your health concern today related to a deployment" should be asked of every patient at every visit to a primary care provider (except for wellness visits, such as periodic exams and preventive care). If the patient responds, "yes," then that response is coded using an International Classification of Diseases (ICD) diagnostic code specifically created to designate a deployment-related visit (V70.5_6) in the health information system along with an additional diagnosis and related code to correspond with the patient's specific concern. Using the V70.5_6 code, healthcare for deployment-related concerns can be tracked and followed.

Differences Between PDH-CPG and CCEP

The CCEP used a process of intensive specialist evaluations to identify Gulf War health problems for treatment. This practice had the advantage of using a "no stone unturned" method of evaluation. However, it also had many disadvantages. It separated care for deployment-related symptoms from other healthcare concerns that veteran may have had, creating a "fragmented" approach to healthcare. The PDH-CPG method moved healthcare back into an integrated framework, by focusing care for all health concerns with the Primary Care Manager. By centering all health care issues with one point of contact, and with one healthcare provider having full knowledge of the whole person, care can be better integrated so that some concerns don't fall through the cracks. Of course, specialty referrals are still available. The difference is that with the PDH-CPG, the primary care provider is responsible for coordinating the patient's comprehensive health management, rather than a separate clinic/healthcare information system as in the CCEP. The PDH-CPG emphasizes the importance of collaboration between the patient and the primary care provide in order to ensure that the patient's presenting concerns are addressed using the best medical evidence available, including specialty care evaluation and consultation.

Implementation of PDH-CPG and Realignment of CCEP

Implementation of the PDH-CPG (Version 1.2, September 2000/Update December 2001) was initiated with a [Worldwide Satellite Broadcast](#) on 30 January 2002. In accordance with [ASD\(HA\) Memorandum, Implementation of Department of Defense/Veteran Affairs Post-Deployment Health Evaluation and Management Clinical Practice Guideline, 7 Dec 01](#), official DoD-wide Guideline implementation began on 31 January 2002. The DoD Deployment Health Clinical Center was tasked to "provide overall clinical support and assistance and serve as a Center of Excellence for post-deployment health concerns". Use of the PDH-CPG was mandated by DoD (Health Affairs) in [HA Policy 02-007](#) dated 29 April 2002.

In accordance with [ASD\(HA\) Memorandum, Realignment of the Comprehensive Clinical Evaluation Program \(CCEP\), Transition to the DoD Deployment Health Clinical Center \(DHCC\), 14 Jan 02](#), effective 1 February 2002, the DHCC assumed responsibility for coordinating the evaluation of veterans seeking care for post-deployment health concerns. After 1 February 2002, CCEP-eligible veterans who called the Persian Gulf Veterans' Hotline were encouraged to seek clinical care using the PDH-CPG. The memo directed that all outstanding CCEP evaluations be completed or administratively closed, and all CCEP offices closed as of 1 June 2002. CCEP records were initially archived in the National Archives and Records Administration in Washington, DC. In September 2004, the CCEP records were moved to the National Personnel Records Center in St Louis, MO. Information for servicemembers on [how to obtain a copy of their CCEP records](#) can be found in an article in the Gulf War Update section of the Winter 05 issue of the Deployment Quarterly (scroll to bottom of page).

Deployment Health Surveillance Program and PDH-CPG

In light of lessons learned from Operations Desert Shield/Storm, in 1998 Public Law 105-85 established a requirement to record changes in the medical condition of deployed service members. The Chairman, Joint Chiefs of Staff in [JCS Memorandum MCM 0006-02, Updated Procedures for Deployment Health Surveillance and Readiness, 1 Feb 02](#) mandated pre- and post-deployment health assessments for deploying service members. Deployment Health Surveillance is an important Force Health Protection measure to identify and provide care for occupational/environmental exposures and health conditions occurring during deployment.

As part of the [Post-Deployment Health Assessment \(PDHA\) Program](#), all service members returning from a deployment complete a [DD Form 2796](#) (Post-Deployment Health Assessment) and receive a face-to-face health assessment by a trained health care provider (physician,

physician assistant, nurse practitioner, independent duty corpsman/medical technician). The purpose of this screening is to review each service member's current health, mental health or psychosocial issues commonly associated with deployments, special medications taken during the deployment, possible deployment-related occupational/environmental exposures, and to discuss deployment-related health concerns. Positive responses require use of supplemental assessment tools and/or referrals for medical consultation. The provider documents concerns and referral needs and discusses resources available to help resolve any post-deployment issues.

The [Post-Deployment Health Reassessment \(PDHRA\) Program](#) was mandated by the Assistant Secretary of Defense for Health Affairs in March 2005. It was designed to identify and address health concerns, with specific emphasis on mental health, that emerge over time after a deployment. The PDHRA provides for a second health assessment using [DD Form 2900](#) during the three- to six-month time period after return from deployment, ideally at the three to four month mark. The reassessment is scheduled for completion before the end of 180 days after return so that Reserve Component members have the option of treatment using their TRICARE health benefit.

The Deployment Health Surveillance Program is another program in addition to the PDH-CPG which has been implemented by the DoD to identify service members with deployment-related health concerns. Once the concerns have been identified, the clinical guidance in the PDH-CPG is used by providers in the evaluation of these concerns.

VA Gulf War Registry (GWR) Examination

The VA Persian Gulf Registry Program, which was established after the first Gulf War, has been renamed the Gulf War Registry (GWR) Program. Eligibility for the program includes veterans who served on active military duty in Southwest Asia during the Gulf War and continues to the present, including Operation Iraqi Freedom. [VHA Handbook 1303.2, Gulf War \(Including Operation Iraq Freedom\) Registry \(GWR\) Program – Formerly Persian Gulf Registry \(GWR\) Program, 5 Jun 07](#) defines the eligibility criteria (veterans who served in Afghanistan (Operation Enduring Freedom) are not eligible) and the protocol and procedures for a GWR examination. [VA Forms 10-9009a \(Gulf War Worksheet and Gulf War Phase II Worksheet\)](#) are used to document the examination. Veterans can inquire about a GWR examination at their nearest VA medical center or by calling the VA Gulf War Information Helpline (1-800-PGW-VETS/1-800-749-8387). Although the examination of choice for all active duty military with deployment-related health concerns is the PDH-CPG, active duty military personnel can request that a military medical treatment facility perform the GWR examination according to VA instructions and submit completed copies of the examination results to the nearest VA medical center or outpatient clinic for entry into the VA GWR database. Instructions for this process are in [VHA Handbook 1303.2](#), paragraph 5h.

Sources of Additional Information

Additional information on the PDH-CPG and the CCEP can be found on the DoD Deployment Health Clinical Center (DHCC) Web site www.PDHealth.mil

DHCC is also available to answer questions through email to pdhealth@na.amedd.army.mil or the following toll free helplines:

Clinicians Helpline: 1-866-559-1627

Service Members Helpline: 1-800-796-9699

Veterans can inquire about a GWR examination at their nearest VA medical center or by calling the VA Gulf War Information Helpline (1-800-PGW-VETS/1-800-749-8387).